



Date: June 3, 2013

To: Chairwoman Romo West, Vice-Chair Stamper, members of the Committee

From: Sherrie Tussler, Executive Director, Hunger Task Force

Hunger Task Force was last in front of this committee in December 2012. At that time, Director Hector Colon was seeking approval to lease the Coggs Building to the State of Wisconsin Department of Health Services, effectively requesting that Hunger Task Force be removed from a well-established self-help center located at Coggs in Room 105. This Committee and the full County Board attached an amendment to the resolution requiring Director Colon to continue to work with Hunger Task Force to assure services for the needy at the Coggs Center.

Ultimately Hunger Task Force left Room 105, dismantling the self-service center on January 1 2013. Two bi-lingual/bi-cultural employees were then stationed inside Room 102A in order to meet the continuing needs of the limited English proficient households that visit the Coggs Center.

Hunger Task Force filed a Civil Rights Compliance Complaint in October 2009 with the State of Wisconsin after noting uncorrected and ongoing disparate treatment of people who do not read, write or speak English well enough to manage their application or ongoing receipt of FoodShare without translation assistance. Our complaint was substantiated and the State has been working to remediate the issues by hiring translators and bi-lingual staff.

Yet the single most important corrective action has not been implemented—the translation of vital documents. Vital documents are the applications, award notices, review appointments, rights information and fair hearing forms. Under the law they must be translated. Our State has incorporated a “language dialogue box” to accommodate people who speak another language. The box explains that if you need an interpreter you have to call a hotline. The hotline is answered by private sector employees who can obtain language interpretation services but cannot make changes to a case. This results in both disparate treatment, and now—after almost four years of knowing about the problem, but not fixing it—disparate impact. Our staff routinely meet people who have had their case closed, received an overpayment or underpayment, or not been given rights information because they do not read, write or speak English. This is illegal.

The State would prefer that we leave the Coggs Building because we collect evidence of maltreatment of FoodShare-eligible customers and share it with the Civil Rights Office and the USDA. The State has bullied Director Colon, demanding use of the self-service area in Room 105 and threatened to leave the Coggs Building. Now working in Room 102A, Hunger Task

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Force staff are challenged to greet customers due to a required ticket issued by the reception staff. No one can enter the room without proper screening. In late May we rolled a computer cart into the waiting area to allow people to skip the wait, get help from our staff and use the computer and printer to conduct their business independently. Carts of this type are in use at the NW W-2 agency, UMOs and Independence First, and allow customers to manage their case without a wait.

The State complained to Director Colon, and the Director demanded that we leave the area and remove the rolling cart. Today we are before you with a simple request—can we stay inside the Coggs Building and use our rolling computer stations to allow people who are waiting to help themselves? Is it the will of the County Board to direct policy on the use of County-owned buildings? Can Director Colon be directed by this Committee, or is he the sole authority for use of the Coggs Building?

Hunger Task Force has served the community for nearly 40 years. Our interest is in helping the poorest of the poor obtain equal and reliable access to food. Since occupying the Coggs Building under agreement with prior administrators, Hunger Task Force has assisted over 37,000 people to obtain or maintain access to FoodShare. The total value of benefits captured for this group, assumed to be spent on food here in our community, is over \$26 million.

In January 2015 the State of Wisconsin will roll out a Food Stamp Employment and Training Program for the 28,982 estimated able-bodied working adults in Milwaukee County. People who fail to cooperate with a 20-hour per week work requirement will be limited to three months of FoodShare in a three year period. The State estimates 14,491 people from Milwaukee will be cut off from receiving food benefits. The impact of a program of this type on homeless shelters and soup kitchens is untold.

We believe Director Colon should learn how FoodShare abates hunger in Milwaukee so that he can be a strong public servant. Thank you for the opportunity to testify before you today.

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COUNTY OF MILWAUKEE

Inter-Office Communication

Date: May 23rd 2013

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period January 1, 2012 through December 31, 2012 (**Milwaukee County**)

The attached information only report summarizes the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) Milwaukee County Operations Income Statement for the period January 1 through December 31, 2012. In addition, it shows the variance of those results to the 2012 adjusted budget.

The actual amounts are preliminary and unaudited (see the recurring Note on the attached MCDFC-MCO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the twelve months of the year.

The MCO is showing an unaudited actual Net Income of \$2,617,581 for the twelve months ending December 31, 2012 for the Milwaukee County operations of the MCO. Comparing this to the adjusted budgeted Net Loss of \$3,173,826 creates a positive Net Income Variance of \$5,791,407. The unaudited favorable net variance is attributable to actual revenues above those in the adjusted budget and actual expenditures lower than the adjusted budget for the year.

Average total enrollment for MCDFC's Milwaukee County operations for the month of December was **7,970** members. This represents a net increase of **268** members for the year ending December 31, 2012.

If you have questions concerning the attached income statement, please contact Director Ledger at 287-7610.

Attachment

cc: County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Don Tyler, Director, DAS
Josh Fudge, Interim Fiscal and Budget Administrator, DAS
Mathew Fortman, Fiscal & Management Analyst, DAS
Steve Cady, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Alexis Gassenhuber, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

MCDFC-MCO Income Statement - Unaudited
For the Period Ending January 1 through December 31, 2012

Milwaukee County

	1/1/2012 - 12/31/2012 Unaudited	1/1/2012 - 12/31/2012 Budget
<u>Revenues</u>		
Capitation Revenues	\$246,518,259 (1)	\$243,324,284
Member Obligation Revenues	\$30,758,214	\$31,112,820
Other Revenues	\$548,780	\$590,111
Total Revenues	\$277,825,253	\$275,027,215
<u>Expenses</u>		
Member Service Expenses	\$261,325,629	\$262,287,255
Administrative Expenses:		
---Labor & Fringes	\$5,999,029	\$7,014,580
---Vendor Contracts	\$4,017,930	\$4,502,359
---Cross Charges/internal transfers	\$1,255,397	\$1,239,138
---Other expenses (supplies, mileage, etc.)	\$2,609,686	\$3,157,709
---Est. contribution to reserve	\$0	\$0
Total Expenses	\$275,207,672	\$278,201,041
Net Surplus/(Deficit)	\$2,617,581	(\$3,173,826)

December 2012 MCO Enrollment:

Nursing Home (Comprehensive):	
59 and Under	1,769
60 and Over	6,098
Non-Nursing Home (Intermediate):	
59 and Under	68
60 and Over	36
Total Members Served - 12/31/2012	7,970

Note (1): The above results reflect an increase capitation revenue of \$1,021,200 for new expansion members (i.e., waiver program) based on an increase in acuity (i.e. members requiring higher care plan needs) as measured by the long-term functional screen.

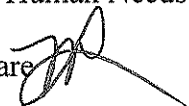
Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

COUNTY OF MILWAUKEE

Inter-Office Communication

Date: May 23rd 2013

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period January 1, 2013 through March 31, 2013 (**Milwaukee County**)

The attached report summarizes the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) Milwaukee County Operations Income Statement of the MCO for the period January 1 through March 31, 2013. In addition, it shows the variance of those results to the 2013 adjusted budget.

The actual amounts are preliminary (see the recurring Note on the attached MCDFC-MCO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the three months of the year.

The MCO is showing an unaudited actual Net Income of \$441,182 for the three months ending March 31, 2013 for the Milwaukee County operations of the MCO. Comparing this to the adjusted budgeted Net Loss of (\$24,097) creates a positive Net Income Variance of \$465,279. The unaudited favorable net variance is attributable to actual expenditures operating well below the adjusted budget creating a favorable variance that offsets the unfavorable total revenue variance.

Average total enrollment for MCDFC's Milwaukee County operations for the month of March was **7,903** members. This represents a net decrease of **67** members for the first quarter of 2013.

If you have questions concerning the attached income statement, please contact Director Ledger at 287-7610.

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Jim Hodson, Chief Financial Officer, MCDFC

MCDFC-CMO Income Statement
For the period of January 1 thru March 31, 2013

Milwaukee County

	1/1/2013 - 3/31/13 Preliminary Actual	1/1/2013 - 3/31/13 Budget
<u>Revenues</u>		
Capitation Revenues	\$62,562,346	\$61,874,023
Member Obligation Revenues	\$7,692,376	\$8,144,658
Other Revenues	\$302,873	\$568,355
Total Revenues	\$70,557,595	\$70,587,036
<u>Expenses</u>		
Member Service Expenses	\$67,102,131	\$66,882,177
Administrative Expenses:		
---Labor & Fringes	\$1,165,270	\$1,735,768
---Vendor Contracts	\$1,086,367	\$1,224,934
---Cross Charges/internal transfers	\$325,751	\$321,822
---Other expenses (supplies, mileage, etc.)	\$436,894	\$446,431
---Est. contribution to reserve	\$0	\$0
Total Expenses	\$70,116,412	\$70,611,133
Net Surplus/(Deficit)	\$441,182	(\$24,097)

March 2013 Enrollment

Nursing Home (Comprehensive):	
59 and Under	1,836
60 and Over	6,015
Non-Nursing Home (Intermediate):	
59 and Under	40
60 and Over	12
Total Members Served	7,903


Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

COUNTY OF MILWAUKEE

Inter-Office Communication

Date: May 23rd 2013

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period May 1, 2012 through December 31, 2012 (**Racine/Kenosha Counties**)

The attached report summarizes the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) Racine and Kenosha County Operations Income Statement of the MCO for the period May 1 through December 31, 2012. In addition, it shows the variance of those results to the 2012 adjusted budget.

The actual amounts are preliminary and unaudited (see the recurring Note on the attached MCDFC-MCO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the twelve months of the year.

The MCO is showing an unaudited actual Net Income of \$44,238 for the eight months ending December 31, 2012 for the Racine and Kenosha county operations of the MCO. Comparing this to the adjusted budgeted of \$0 (break-even) creates a positive Net Income Variance of \$44,238. While unaudited results through December show actual revenues and actual expenditures below those in the adjusted budget, the variance in expenditures is larger than the variance in revenues for the period resulting in a net surplus.

Average total enrollment for MCDFC's Racine and Kenosha county operations for the month of December was **44** members. This represents a net increase of **44** members for the year ending December 31, 2012.

If you have questions concerning the attached income statement, please contact Director Ledger at 287-7610.

Attachment

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MCDFC-MCO Income Statement - Unaudited
For the Period Ending January 1 through December 31, 2012

Racine and Kenosha Counties

	1/1/2012 - 12/31/2012 Unaudited	1/1/2012 - 12/31/2012 Budget
<u>Revenues</u>		
Capitation Revenues	\$575,988 (1)	\$666,774
Member Obligation Revenues	\$53,992	\$46,056
Other Revenues		
Total Revenues	\$629,979	\$712,830
<u>Expenses</u>		
Member Service Expenses	\$487,939	\$567,411
Administrative Expenses:		
---Labor & Fringes	\$21,158	
---Vendor Contracts	\$76,643	\$129,423
---Cross Charges/internal transfers		
---Other expenses (supplies, mileage, etc.)		\$15,996
---Est. contribution to reserve		
Total Expenses	\$585,741	\$712,830
Net Surplus/(Deficit)	\$44,238	\$0

December 2012 MCO Enrollment:

Nursing Home (Comprehensive):	
59 and Under	22
60 and Over	22
Non-Nursing Home (Intermediate):	
59 and Under	0
60 and Over	0
Total Members Served - 12/31/2012	44

Note (1): The above results reflect a decrease in capitation revenue of (\$67,182) for new expansion members (i.e., waiver program) based on a decrease in acuity (i.e. members requiring higher care plan needs) as measured by the long-term functional screen.


Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

COUNTY OF MILWAUKEE

Inter-Office Communication

Date: May 23rd 2013

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period January 1, 2013 through March 31, 2013 **(Racine/Kenosha Counties)**

The attached report summarizes the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) Racine and Kenosha County Operations Income Statement of the MCO for the period January 1 through March 31, 2013. In addition, it shows the variance of those results to the 2013 adjusted budget.

The actual amounts are preliminary and unaudited (see the recurring Note on the attached MCDFC-MCO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the twelve months of the year.

The MCO is showing an unaudited actual Net Income of \$53,410 for the eight months ending March 31, 2013 for the Racine and Kenosha county operations of the MCO. Comparing this to the adjusted budgeted of \$0 (break-even) creates a positive Net Income Variance of \$53,410. The unaudited favorable net variance is attributable to actual expenditures operating well below the adjusted budget creating a favorable variance that offsets the unfavorable total revenue variance.

Average total enrollment for MCDFC's Racine and Kenosha county operations for the month of March was **52** members. This represents a net increase of **8** members for the 1st quarter ending March 31, 2013.

If you have questions concerning the attached income statement, please contact Director Ledger at 287-7610.

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MCDFC-CMO Income Statement
For the period of January 1 thru March 31, 2013

Racine and Kenosha Counties

	1/1/2013 - 3/31/13	1/1/2013 -
	Preliminary	3/31/13
<u>Revenues</u>	<u>Actual</u>	<u>Budget</u>
Capitation Revenues	\$437,959	\$2,032,382
Member Obligation Revenues	\$33,159	\$200,463
Other Revenues		
Total Revenues	<u>\$471,119</u>	<u>\$2,232,845</u>
<u>Expenses</u>		
Member Service Expenses	\$385,276	\$2,101,592
Administrative Expenses:		
---Labor & Fringes		
---Vendor Contracts	\$32,433	\$97,400
---Cross Charges/internal transfers		
---Other expenses (supplies, mileage, etc.)		\$33,853
---Est. contribution to reserve		
Total Expenses	<u>\$417,709</u>	<u>\$2,232,846</u>
Net Surplus/(Deficit)	<u><u>\$53,410</u></u>	<u><u>(\$0)</u></u>

March 2013 Enrollment

Nursing Home (Comprehensive):	
59 and Under	0
60 and Over	0
Non-Nursing Home (Intermediate):	
59 and Under	28
60 and Over	24
Total Members Served	52


Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

COUNTY OF MILWAUKEE

Inter-Office Communication

Date: May 23rd 2013

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period January 1, 2012 through December 31, 2012 (**Consolidated**)

The attached information only report summarizes the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) Consolidated Income Statement of the MCO for the period January 1 through December 31, 2012. In addition, it shows the variance of those results to the 2012 adjusted budget.

The actual amounts are preliminary and unaudited (see the recurring Note on the attached MCDFC-MCO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the twelve months of the year.

The MCO is showing an unaudited actual Net Income of \$2,661,819 for the twelve months ending December 31, 2012 for all operations of the MCO. Comparing this to the adjusted budgeted Net Loss of \$3,173,826 creates a positive Net Income Variance of \$5,835,645. The unaudited favorable net variance is attributable to actual revenues above those in the adjusted budget and actual expenditures lower than the adjusted budget for the year.

Average total enrollment for all of the MCO's operations for the month of December was **8,014** members. This represents a net increase of **312** members for the year ending December 31, 2012.

If you have questions concerning the attached income statement, please contact Director Ledger at 287-7610.

Attachment

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Chairwoman Marina Dimitrijevic, County Board
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Jim Hodson, Chief Financial Officer, MCDFC

MCDFC-MCO Income Statement - Unaudited
For the Period Ending January 1 through December 31, 2012

Consolidated

	1/1/2012 - 12/31/2012 Unaudited	1/1/2012 - 12/31/2012 Budget
<u>Revenues</u>		
Capitation Revenues	\$247,094,246 (1)	\$243,991,058
Member Obligation Revenues	\$30,812,206	\$31,158,876
Other Revenues	\$548,780	\$590,111
Total Revenues	\$278,455,232	\$275,740,045
<u>Expenses</u>		
Member Service Expenses	\$261,813,569	\$262,854,666
Administrative Expenses:		
---Labor & Fringes	\$6,020,188	\$7,014,580
---Vendor Contracts	\$4,094,573	\$4,631,782
---Cross Charges/internal transfers	\$1,255,397	\$1,239,138
---Other expenses (supplies, mileage, etc.)	\$2,609,686	\$3,173,705
---Est. contribution to reserve	\$0	\$0
Total Expenses	\$275,793,413	\$278,913,871
Net Surplus/(Deficit)	\$2,661,819	(\$3,173,826)

December 2012 MCO Enrollment:

Nursing Home (Comprehensive):	
59 and Under	1,791
60 and Over	6,119
Non-Nursing Home (Intermediate):	
59 and Under	68
60 and Over	35
Total Members Served - 12/31/2012	8,014

Note (1): The above results reflect increase capitation revenue of \$954,018 for new expansion members (i.e., waiver program) based on an increase in acuity (i.e. members requiring higher care plan needs) as measured by the long-term functional screen.


Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

COUNTY OF MILWAUKEE

Inter-Office Communication

Date: May 23rd 2013

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period January 1, 2013 through March 31, 2013 (**Consolidated**)

The attached report summarizes the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) Consolidated Income Statement of the MCO for the period January 1 through March 31, 2013. In addition, it shows the variance of those results to the 2013 adjusted budget.

The actual amounts are preliminary (see the recurring Note on the attached MCDFC-MCO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the first three months of the year.

The MCO is showing an unaudited actual Net Income of \$494,592 for the three months ending March 31, 2013 for all operations of the MCO. Comparing this to the adjusted budgeted Net Loss of (\$24,097) creates a positive Net Income Variance of \$518,689. The unaudited favorable net variance is attributable to actual expenditures operating well below the adjusted budget creating a favorable variance that offsets the unfavorable total revenue variance.

Average total enrollment for all of the MCO's operations for the month of March was **7,955** members. This represents a net decrease of **59** members for the first quarter ending March 31, 2013.

If you have questions concerning the attached income statement, please contact Director Ledger at 287-7610.

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MCDFC-MCO Income Statement
For the period of January 1 thru March 31, 2013

Consolidated

	1/1/2013 - 3/31/13 Preliminary Actual	1/1/2013 - 3/31/13 Budget
<u>Revenues</u>		
Capitation Revenues	\$63,000,305	\$63,906,405
Member Obligation Revenues	\$7,725,536	\$8,345,121
Other Revenues	\$302,873	\$568,355
Total Revenues	\$71,028,713	\$72,819,881
<u>Expenses</u>		
Member Service Expenses	\$67,487,407	\$68,983,770
Administrative Expenses:		
---Labor & Fringes	\$1,165,270	\$1,735,768
---Vendor Contracts	\$1,118,800	\$1,322,334
---Cross Charges/internal transfers	\$325,751	\$321,822
---Other expenses (supplies, mileage, etc.)	\$436,894	\$480,284
---Est. contribution to reserve	\$0	\$0
Total Expenses	\$70,534,121	\$72,843,978
Net Surplus/(Deficit)	\$494,592	(\$24,097)

<u>March 2013 Enrollment</u>	
Nursing Home (Comprehensive):	
59 and Under	1,836
60 and Over	6,015
Non-Nursing Home (Intermediate):	
59 and Under	68
60 and Over	36
Total Members Served	7,955

Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: May 24, 2013

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Geri L. Lyday, Administrator, Disabilities Services Division

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to increase and extend 2013 Disabilities Services Division purchase of service contracts for Birth-To-Three agencies**

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from non-governmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase 2013 purchase of service (POS) contracts for the Birth-To-Three provider agencies within the Disabilities Services Division (DSD).

Background and Rationale

The Birth-To-Three program is an entitlement in Milwaukee County and provides critical early intervention services to children age zero to three years who demonstrate developmental delays. Provided services are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and actively participate in their communities. Services delivered by this program are provided by nine contracted community-based agencies that have expertise in working in this area and have been the providers of Birth-To-Three services in this community for some time. Birth-To-Three services continue to be invaluable to families who have a child with a developmental delay. Provider agencies are key partners in the process through the delivery of effective early intervention services in partnership with families and Milwaukee County.

In December 2012, the County Board authorized DSD to enter into 2013 contracts with the Birth-To-Three agencies for a six-month period. At the time, the Division did not recommend full year funding pending review of financial information in order to achieve a more performance-based contracting approach. Over the last year, DSD has been moving toward performance-based contracting focused on Federal indicators, review of unit rates and provision of services in the natural environment. DSD worked collaboratively with contract agencies and performed a review of program and fiscal data during 2012. In order to allocate new funding available in a manner consistent with agency performance, it was determined that

DSD would begin a new data reporting methodology during 2013. In addition, in 2013 DSD identified additional financial resources for Birth-To-Three services to address the ongoing budget imbalance caused by steadily increasing agency costs, increased number of referrals and number of children served and limited or no funding increases from State or Federal funding. However, allocation of the additional financial resources was tied to the implementation of a new reporting requirement that would be able to compare agency financial performance data across agencies. This was critical in order to allocate new funding based upon agency performance-based criteria.

New Data Reporting Methodology

New reporting requirements were implemented in 2013 to allow for more detailed service information that could be utilized to compare agency performance and service volume. DSD has been working with Contract Administration and the Birth To Three agencies to institute the new requirements as well as provide training so that agencies were clear about the new requirements. DSD has just completed several trainings but needs more time to fully implement the new reporting requirements. DSD anticipates utilizing the second quarter 2013 results from the agencies to base the allocation of new funding. This will enable the Division to analyze several months of financial performance data and provide a more solid support of the new allocations. It was important for the agencies to at least have knowledge of what a full year's budget would be in order to plan for staffing and programing. Therefore, we wanted to award a 12 month allocation at this time and then allocate the new funding after we have at least three months of consistent program information from the agencies.

It is therefore recommended that Birth-To-Three contracts be increased by the same amount the agencies received in the first six months of 2012 and extended through December 31, 2013 to reflect 12-months of funding. DSD will report back to the Board with recommendations for the remaining funding after the new agency data has been analyzed.

Recommendations for 2013 contract increase allocations are based on the first six months of funding which reflected 2012 allocations. The following contract increases are being recommended:

Agency	2013 Contract	2013 Recommended Increase	New 2013 Contract Amount
Center for Communication, Hearing & Deafness	\$40,794	\$40,794	\$81,588
Curative	\$614,923	\$614,923	\$1,229,846
Easter Seals	\$272,701	\$272,701	\$545,401
Lutheran Social Services	\$123,266	\$123,266	\$246,531

Milwaukee Center for Independence	\$194,485	\$194,485	\$388,970
Next Door	\$78,890	\$78,890	\$157,779
Penfield	\$587,799	\$587,799	\$1,175,597
St. Francis	\$229,585	\$229,585	\$459,169
Vision Forward	\$41,360	\$41,360	\$82,719
Total	\$2,183,803	\$2,183,803	\$4,367,600

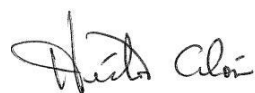
It should be noted that agencies will need to continue to maintain compliance with Federal Indicators, to keep pace with the high number of new referrals and continue to perform well on quality Birth To Three measures including the annual parental survey and family outcomes. Collectively, all of this information folds into our ability to award allocations based on performance.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to increase and extend purchase-of-service contracts with Birth-To-Three provider agencies per the narrative above and in the amounts specified in the above table and detailed on the attached resolution.

Fiscal Effect

Funding for these POS contract increases is included in DSD's 2013 Adopted Budget. There is no additional tax levy impact associated with this request. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

Attachments

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director, DAS
Josh Fudge, Interim Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Matthew Fortman, Fiscal & Management Analyst, DAS
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to increase and extend 2013 Disabilities Services Division purchase of service contracts for Birth-to-Three agencies:

A RESOLUTION

WHEREAS, section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors; and

WHEREAS, the Disabilities Services Division (DSD) of the Department of Health and Human Services (DHHS) administers Birth-to-Three Program/Early Intervention services in Milwaukee County to infants and toddlers with developmental delays or disabilities; and

WHEREAS, insufficient funds and increased demands for Birth-to-Three services as well as new State requirements have created considerable challenges to the Birth-to-Three program; and

WHEREAS, in early 2012, DSD conducted a thorough review of the agencies' referral patterns, units of service, performance outcomes, and services and has developed a new allocation formula based on these measurements; and

WHEREAS, in December 2012, the County Board authorized six-month contracts to nine community agencies for 2013 pending the receipt of financial performance data from the agencies during the first several months of 2013; and

WHEREAS, due to some delays in starting the reporting requirements and adjustments needed to ensure that new data collection is meaningful and accurate, DHHS is recommending base level funding for the remainder of the year in order to review second quarter information; and

WHEREAS, DHHS will report back to the County Board with recommendations of additional funding allocations after the new agency data has been analyzed; and

WHEREAS, the contract extensions being recommended by DHHS represent a formidable first step toward performance-based contracting and an effort to maximize available funding; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby authorizes the Director, DHHS, or his designee, to execute amendments to 2013

46 purchase of service contracts to be extended six months from July 1, 2013 through
 47 December 31, 2013 with the following Birth-to-Three providers in the following amounts:
 48

Agency	2013 Contract	2013 Recommended Increase	New 2013 Contract Amount
Center for Communication, Hearing & Deafness	\$40,794	\$40,794	\$81,588
Curative	\$614,923	\$614,923	\$1,229,846
Easter Seals	\$272,701	\$272,701	\$545,401
Lutheran Social Services	\$123,266	\$123,266	\$246,531
Milwaukee Center for Independence	\$194,485	\$194,485	\$388,970
Next Door	\$78,890	\$78,890	\$157,779
Penfield	\$587,799	\$587,799	\$1,175,597
St. Francis	\$229,585	\$229,585	\$459,169
Vision Forward	\$41,360	\$41,360	\$82,719
Total	\$2,183,803	\$2,183,803	\$4,367,600

49

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/24/13

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to increase and extend 2013 Disabilities Services Division purchase of service contracts for Birth- to-Three agencies

FISCAL EFFECT:

- ☒ No Direct County Fiscal Impact
- ☐ Existing Staff Time Required
- ☐ Increase Operating Expenditures
(If checked, check one of two boxes below)
- ☐ Absorbed Within Agency's Budget
- ☐ Not Absorbed Within Agency's Budget
- ☐ Decrease Operating Expenditures
- ☐ Increase Operating Revenues
- ☐ Decrease Operating Revenues
- ☐ Increase Capital Expenditures
- ☐ Decrease Capital Expenditures
- ☐ Increase Capital Revenues
- ☐ Decrease Capital Revenues
- ☐ Use of contingent funds

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to extend and increase existing purchase of service agreements with a variety of community vendors for the provision of services in the Birth-to-Three Program administered by the DHHS-Disabilities Services Division (DSD).

B. Initial 2013 contracts for the Birth-to-Three Program were executed for the period January 1, 2013 through June 30, 2013 in a total amount of \$2,183,803. This request extends the existing contracts for the period of July 1, 2013 through December 31, 2013. Approval of this request will result in additional expenditures of \$2,183,803 for calendar year 2013 for a total allocation of \$4,367,606.

C. The expenditure authority necessary to fund this request has been included in DSD's 2013 Adopted Budget for purchase of service contracts within low org 8383 – Birth-to-Three. As a result, there is no additional fiscal impact arising from approval of this request.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CDPB Staff Review? ☐ Yes ☐ No ☒ Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

COUNTY OF MILWAUKEE
Delinquency and Court Services Division (DHHS)
INTER-OFFICE COMMUNICATION

DATE: May 24, 2013

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by B. Thomas Wanta, Administrator/ Chief Intake Officer – DCSD

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to accept grant revenue totaling \$47,000 from the Wisconsin Office of Justice Assistance and to enter into a Purchase of Service Contract with Wisconsin Community Services for an Alternative Sanction Program within the Delinquency and Court Services Division**

Issue

Section 56.06 of the Milwaukee County Ordinances requires County Board approval to accept grant revenue and section 46.09 of the Milwaukee County Ordinances requires County Board approval to enter into purchase of service contracts. Therefore, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to accept grant revenue from the Wisconsin Office of Justice Assistance to implement juvenile justice system reform activities associated with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI), and to enter into a purchase of service contract with Wisconsin Community Services for \$40,000 to implement a pilot Alternative Sanction Program within the Delinquency and Court Services Division (DCSD).

Discussion

DCSD recently applied for and was awarded a Juvenile Justice Title II Formula grant from the Wisconsin Office of Justice Assistance to implement juvenile justice system reform activities associated with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). On April 9, 2013 DCSD received a grant award notice in the amount of \$47,000 for the time period January 1, 2013 through December 31, 2013. There is no local funding match requirement associated with this grant revenue.

JDAI is a national juvenile detention reform effort that has been implemented in nearly 200 jurisdictions in 39 states. JDAI has successfully reduced the number of youth in confinement while maintaining or improving public safety in other states across the country through implementing eight core strategies. Milwaukee County was chosen in 2012 by the Annie E. Casey Foundation to participate in JDAI as one of three Wisconsin counties, along with Manitowoc and Racine Counties, as part of a statewide roll-out through the Wisconsin Office of

Justice Assistance. Milwaukee County formally agreed to serve as a pilot JDAI demonstration site and follow the JDAI model through the signing of a Memorandum of Understanding with the Wisconsin Office of Justice Assistance.

As a JDAI demonstration site, DCSD receives technical assistance from the Annie E. Casey Foundation designed to:

- Reduce reliance on confinement
- Improve public safety
- Utilize best practice programs
- Save taxpayers' dollars
- Reduce racial disparities & bias
- Stimulate overall juvenile justice reforms

The Milwaukee County Board passed a resolution in January 2013 (File No. 13-84) in support of efforts to implement system reform strategies within the Milwaukee County juvenile justice system through participation in the Annie E. Casey Foundation Juvenile Detention Alternatives Initiative. This resolution stated support for the overall principle of safely reducing reliance on confinement of youth while maintaining or improving public safety and for Milwaukee County's participation in JDAI including receiving technical assistance from the Annie E. Casey Foundation to implement system reform strategies.

The Alternative Sanction Program is designed as a pilot program to provide a community-based alternative to detention for sanctions placement for youth who violate the conditions of their probation. The Alternative Sanctions Program will provide a timely response that holds youth accountable relative to their violations and engages them in positive and constructive programming. This program will consist of a weekend (Saturday) report center that features structured activities. The target population for the Alternative Sanction Program is youth who are referred by their probation officer or ordered by a judge to participate in the program as a response to violating the conditions of their dispositional (probation) order. The capacity of the report center on a given day will be up to 16 youth.

The goals of the Alternative Sanction Program include the following:

- Provide a timely community-based alternative to sanctions in detention
- Hold youth accountable for violations of the conditions of their dispositional order
- Assist youth in restoring and maintaining compliance with the conditions of their dispositional order
- Target interventions to address the nature of youth's violations and build skills and competencies for improved decision-making relative to behavior leading to violations
- Expose youth to community-based services and positive programming with the potential to lead to continuing involvement beyond their sanction and/or probation involvement

DCSD issued a request for proposals (RFP) in April 2013 for the operation of the Alternative Sanction Program. In addition to Section 46.09 of the County Ordinances, DCSD conforms to the DHHS RFP process to ensure objectivity and fairness in the awarding of purchase of service contracts. DCSD relies on these objective reviews by community panels and DHHS contract

administration/quality assurance to guide award recommendations. In addition to the DHHS panel scoring process, DCSD may consider other salient factors in order to best meet the needs of the juvenile court and youth served including the financial stability of applicants to ensure the continuity of services, the minimization of service disruption, provider alignment with emerging strategies or changing system demands, opportunities for further resource leveraging and information sharing and maximization of resources.

Applicants submitting eligible proposals included Northern Star LLC, Social Development Commission, Southwest Key Programs and Wisconsin Community Services. A panel including community members and a member of DHHS contract administration staff reviewed and scored the proposals.

Based on the scores from the panel, DCSD is recommending that a purchase of service contract with Wisconsin Community Services be awarded in the amount of \$40,000 for July 1, 2013 through December 31, 2013.

If this is a successful pilot program, DCSD plans to incorporate it into the array of alternative programming already used for youth, therefore the contract has an optional renewal for up to two additional years, and the possibility, with Board approval, of adjusting funding to meet expanded service needs.


The remaining grant funds will be used to develop additional alternatives to detention, including the use of Global Positioning Systems (GPS) as a monitoring enhancement tool.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, to accept grant funds in the amount of \$47,000 associated with the Juvenile Justice Title II Formula grant to implement juvenile justice system reform strategies based on the Annie E. Casey Foundation Juvenile Detention Alternative Initiative from the Wisconsin Office of Justice Assistance, and to enter into a purchase of service contract with Wisconsin Community Services in the amount of \$40,000 for the time period of July 1, 2013 through December 31, 2013.

Fiscal Impact

Approval of this request has no tax levy impact. The revenue received through the Wisconsin Office of Justice Assistance grant will cover the full cost of the purchase of service contract. There is no local funding match requirement associated with this grant revenue. A fiscal note form is attached.

A handwritten signature in dark ink, appearing to read "Héctor Colón", is written over a horizontal line.

Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive Staff
Kelly Bablitch, County Board Chief of Staff
Patrick Farley, Administrator - DAS
Josh Fudge, Interim Fiscal and Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator - DAS
Matt Fortmann, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst, County Board Staff

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to accept grant revenue from the Wisconsin Office of Justice Assistance and to enter into a Purchase of Service Contract with Wisconsin Community Services for an Alternative Sanction Program within the Delinquency and Court Services Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors; and

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to accept grant revenue totaling \$47,000 from the Wisconsin Office of Justice Assistance to implement juvenile justice system reform activities associated with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI); and

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is further requesting authorization to enter into a Purchase of Service Contract with Wisconsin Community Services for an Alternative Sanction Program within the Delinquency and Court Services Division for the period July 1, 2013 through December 31, 2013 at a cost of \$40,000; and

WHEREAS, Wisconsin Community Services development and implementation of the Alternative Sanction Program will allow DCSD to provide youth who violate the conditions of their probation an appropriate and timely response that holds them accountable relative to their violations and engages them in positive and constructive programming; and

WHEREAS, the remaining grant funds will be used to develop additional alternatives to detention, including the use of Global Positioning Systems (GPS) as a monitoring enhancement tool; and

WHEREAS, there is no tax levy impact associated with approval of this request as expenditures will not exceed the available grant revenue; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to accept grant revenue totaling \$47,000 from the Wisconsin Office of Justice Assistance to implement juvenile justice system reform activities associated with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI); and

50 BE IT FURTHER RESOLVED, that the Milwaukee County Board of
51 Supervisors does hereby authorize and direct the Director of the Department of
52 Health and Human Services, or his designee to enter into a 2013 Purchase of
53 Service contract totaling \$40,000 with Wisconsin Community Services for
54 development of an Alternative Sanction Program for the period July 1, 2013
55 through December 31, 2013.
56

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/24/13

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to accept grant revenue totaling \$47,000 from the Wisconsin Office of Justice Assistance and to enter into a Purchase of Service Contract with Wisconsin Community Services for an Alternative Sanction Program within the Delinquency and Court Services Division

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input checked="" type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input checked="" type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	47,000	0
	Revenue	47,000	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to accept grant revenue totaling \$47,000 from the Wisconsin Office of Justice Assistance to implement juvenile justice system reform activities associated with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI), and to enter into a Purchase of Service Contract with Wisconsin Community Services for an Alternative Sanction Program within the Delinquency and Court Services Division for the period July 1, 2013 through December 31, 2013 at a cost of \$40,000.

Wisconsin Community Services' development and implementation of the Alternative Sanction Program will allow DCSD to provide youth who violate the conditions of their probation an appropriate and timely response that holds them accountable relative to their violations and engages them in positive and constructive programming.

The remaining \$7,000 in grant funds will be used to develop additional alternatives to detention, including the use of Global Positioning Systems (GPS) as a monitoring enhancement tool.

B. Total 2013 expenditures included in this request are \$47,000, which is completely off-set by grant revenue. A fund transfer will be submitted at a later date if necessary.

C. There is no tax levy impact associated with approval of this request in 2013 as expenditures will not exceed the available grant revenue.

D. No assumptions are made.

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

Department/Prepared By Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CDPB Staff Review? ☐ Yes ☐ No ☒ Not Required



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Milwaukee County

Héctor Colón, MS, OT
Director

DATE: 5/8/13

TO: Marina Dimitrijevic, Chairwoman of the Milwaukee County Board of Supervisors

FROM: Hector Colon, Director of the Department of Health and Human Services

SUBJECT: Appointment of Kathleen Eilers

I am pleased to appoint Kathleen Eilers, RN, MSN to the position of Administrator of the Behavioral Health Division.

Ms. Eilers has extensive mental health experience working in both the public and private sector. She spent 20 years at the county, first as the Associate Administrator/Programs and then as Division Administrator for the Behavioral Health Division (BHD). Under her leadership staff at BHD helped create the Master Plan to move towards a community based mental health system. Most recently she worked with the Faye McBeath Foundation and served as president at Saint John's on the Lake. Eilers is also president-elect of the Rotary Club of Milwaukee. She is an advocate of person-centered and recovery oriented treatment and has been recognized by several organizations including the National Alliance on Mental Illness and The Grand Avenue Club.

Ms. Eilers' leadership will be critical through the closure of the long-term care units at BHD and the implementation of the workplan created by the Mental Health Redesign Taskforce to move toward a community based mental health system.

I am very confident that Ms. Eilers will bring the leadership and vision needed for BHD and Milwaukee County to move forward. I urge you to give this appointment your favorable consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Hector Colon".

Héctor Colón,

Attachment

Cc: County Board of Supervisors
Kelly Bablitch, Chief of Staff, Board of Supervisors

1220 W. Vliet Street, Suite 301 Milwaukee, WI 53203 414-289-6817

RESUME

M. Kathleen Eilers

Home Address:

1800 North Prospect Avenue
Apt. 15C
Milwaukee, Wisconsin 53202-1975
(414) 239-7900
E-mail: keilers@msn.com

Education:

1966 B.S.N., College of Mt. St. Joseph
1976 M.S.N., University of Cincinnati

Faculty Appointments:

1977 - 1978	Adjunct Clinical Instructor School of Nursing Wright State University
1978 - 1980	Instructor School of Nursing Wright State University
1981 - 1982	Adjunct Associate Professor School of Nursing University of Wisconsin - Milwaukee

M. Kathleen Eilers

Hospital and Administrative Positions:

(See addendum for description of responsibilities)

2011 -2012	Project Manager Nursing's Voice Faye McBeath Foundation/Public Policy Forum
2003 – 2011	President Saint John's Communities, Inc. Milwaukee, Wisconsin
1993 - 2003	Administrator Milwaukee County Behavioral Health Division
1983 - 1993	Associate Administrator - Programs Milwaukee County Mental Health Complex
1982 - 1983	National Health Care Director Manpower, Inc.
1980 - 1981	Psychiatric Clinical Specialist Columbia Hospital Milwaukee, Wisconsin
1976 - 1978	Associate Director of Nursing Service Grandview Hospital Dayton, Ohio
1974 - 1976	Nursing Office Supervisor University of Cincinnati Medical Center
1971 - 1974	Clinical Nursing Supervisor Psychiatry University of Cincinnati Medical Center
1967 - 1971	Head Nurse, Psychosomatic Unit University of Cincinnati Medical Center
1966 - 1967	Staff Nurse

M. Kathleen Eilers

Private Psychiatric Unit
Good Samaritan Hospital
Cincinnati, Ohio

Licensure: Wisconsin

Memberships in Professional Associations and Board Memberships:

American Nursing Association
Advanced Clinical Practitioners
Assembly Member, Ohio Nursing Association
Council on Practice (1973-1975)

Ohio Nursing Association
First Vice-President, District X (1978-1980)

Wisconsin Nurses' Association (1980-2001)
Ad Hoc Education Task Force (alternate) (1981-1982)

Milwaukee District Nurses' Association
Chair, Economic and General Welfare Committee (1982-1983)
First Vice-President (1983-1987)

TEMPO -
Membership Committee (1985-1986; 1998)
Vice-President, Membership (1985-1986)
President-Elect (1987-1988)
President (1988-1989)
Awards Committee (1990)
New Member Orientation Committee (1990)
Nominating Committee (1993)
Student Mentor Program (1993-1998)
Community Relations Committee (1994)
Fund Raising Committee (1995)
Resource Committee (1995-1997)
Professional Dimensions/TEMPO Discussion Group (1997-2000)

Sigma Theta Tau (1976 - 2000)

American Nursing Association (1978 - 2001)

Medical Personnel Pool Advisory Board (1986 - 1994)

Association of Health Care Executives (1986 - 1992)

M. Kathleen Eilers

Jewish Vocational Services

Corporate Board and Health Committee (1987 - 1989)

Citizens Review Board of Milwaukee County (1987 - 1990)

Memberships in Professional Associations and Board Memberships (continued):

Kettle Moraine Detox Advisory Board (1989 - 1993)

Wisconsin Association of Community Mental Health Centers (1989-1992)

Big Brothers/Big Sisters of Metropolitan Milwaukee, Inc.

Board of Directors and Chair, Program Committee (1989 - 1993)

Alliance for the Mentally Ill of Greater Milwaukee

Board of Directors (1990 - 1994)

Chair, Personnel/Nominating Committee (1990)

First Vice President (1992 - 1993)

Staff Consultant to Safe House (1990)

Co-Chair, Parent Support Group, Lake Bluff PTA (1990)

YWCA

Circle of Women (1992)

Chair, Nominating Committee (1997)

Hospital Council of Greater Milwaukee

Board of Directors (1993 - 1997)

Grand Avenue Club Task Force (1995-1996)

Wisconsin Counties Association - Health and Human Services Steering Committee (1995-1996)

Shorewood Community Development Authority (1995 - 2004)

American Society for Public Administration, Milwaukee Chapter (1996)

State of Wisconsin - Governor's Blue Ribbon Commission on Mental Health (1996 - 1997)

State of Wisconsin Implementation Advisory Committee (1997-2000)

State of Wisconsin Recovery/Consumer-Family Involvement Work Group (1998)

Milwaukee County Long Range Strategic Plan Steering Committee (1998)

Senator Russell Feingold's Health Care Advisory Committee (1999 – 2004)

M. Kathleen Eilers

National Association of County Behavioral Health Directors
Treasurer (1999-2001)
Chair, Program Committee (2001-2003)

Memberships in Professional Associations and Board Memberships (continued):

Milwaukee Regional Medical Center Board of Directors
Treasurer (2000-2001)
Vice-Chair (2001-2002)

Human Services Research Institute Steering Committee (2001 – 2003)

University of Wisconsin – Milwaukee College of Health Sciences
Dean's Advisory Board, Chair (2001 – Present)

St. Catherine Residence
Board of Directors (2003- 2009)

Rotary Club of Milwaukee (2004-Present)
Membership Committee (2005-Present)
Board of Directors (2010-Present)
President elect (2012 -2013)

Wisconsin Association of Homes and Services for the Aging (WAHSA)
(2003-2011)

ABCD Board of Directors
2007-2013
President (2011-2012)

M. Kathleen Eilers

Recent Presentations:

Panel Presentation, "Let's Talk ... Turn Words Into Action," Mental Health Association in Milwaukee County, Milwaukee, WI, September, 1996.

"Role of County Government as Purchaser/Provider of Care," Fall Conference of Wisconsin Psychiatric Association, Kohler, WI, October, 1996.

Keynote Speaker, Transitional Living Services, Inc., Board of Directors Annual Meeting, Milwaukee, WI, May, 1997.

Trinity College of Vermont Graduate Program in Community Mental Health, Weekend Class, Milwaukee, WI, July, 1997.

"Overview of Mental Illness," Essentials of Community Treatment Course, Milwaukee County Behavioral Health Division, Milwaukee, WI. Presented yearly, beginning in September, 1997.

Community Roundtable Moderator, "Life After Diagnosis," Women's Health – Women's Lives," sponsored by Congressman Tom Barrett, Milwaukee, WI, December 11, 1999.

Trinity College Program in Community Mental Health, "Recovery Thoughts," Milwaukee, WI, July 9, 2000.

Milwaukee County Older Adult Mental Health/Substance Abuse Providers Association, "Mental Health Division's Strategic Planning Process and Managed Care Pilot," Milwaukee, WI, October 13, 2000.

Medical College of Wisconsin Community Cultural Rounds, "Serving Vulnerable Citizens with Mental Illness," Milwaukee, WI, November 17, 2000.

Women's Court and Civic Conference of the Greater Milwaukee Area, Senior Citizen Concerns, Milwaukee, WI, October 17, 2001.

Panelist, "Current Issues in Psychiatric Emergency Services: Tools for Assessment, Management, and Change," American Association for Emergency Psychiatry Regional Program, Milwaukee, WI, April 6, 2002.

"The State of Mental Health in Milwaukee County," Keynote Speech, International Association of Psychosocial Rehabilitation Services 2002 Conference, Zablocki Veterans Affairs Medical Center, Milwaukee, WI, May 17, 2002.

Guest Speaker to AmeriCore Volunteers, City of Hope, Milwaukee, WI, July 18, 2002.

"Public Mental Health System in Milwaukee County," Criminal Justice and Mental Health Workgroup Training, Milwaukee, WI, February 3, 2003.

M. Kathleen Eilers

Recent Presentations (continued):

"Almost Home" Presentation to Retirement Communities Healthcare Systems,
Topeka, KS, February 2006.

"Almost Home" Presentation to Waukesha Senior Concerns Consortium,
Waukesha, WI, March 2006.

“Culture Change” Presentation to Sister of Mercy Senior Specialists,
Chicago, IL, October 2007.

“Person-Centered Care” Presentation to Spectrum Marketing Incorporated,
North Carolina, April 2008.

PUBLICATIONS

Original Papers:

1. Master's Thesis: Relationship Between Position in Nursing, Job Satisfaction and Individual Assertiveness.
2. Winstead, D., Blackwell, B., Anderson, A., and Eilers, M.K.: Diazepam on demand: drug seeking behavior in anxious inpatients. *Archives of General Psychiatry* 30:349, 1974.
3. Eilers, K. and Blackwell, B.: Psychiatric patients' impressions of teaching conferences. *Journal of Psychiatric Nursing and Mental Health Services* 12:5-9, 1974.
4. Winstead, D., Blackwell, B., Eilers, M.K. and Anderson, A.: Psychotropic drug use in five city hospitals. *Diseases of Nervous System* 37:504-509, 1976.
5. Eilers, K., et al: Nursing responsibilities in the screening and detection of breast cancer. Ohio Regional Medical Audiovisual Consortium, Columbus, Ohio, November, 1980.
6. Eilers, K.: How to stand up for yourself and get away with it. *Nursing Life*, July/August, 1983.
7. Eilers, K. and Owley, C.: Mergers and ventures: creative responses to shifting resources. *Midwest Alliance in Nursing*, 1987.
8. Eilers, K.: "Adjustment, Impaired," "Denial, Impaired," and "Role Performance, Altered," in Kathy V. Gettrust and Paula D. Brabec (eds.), Nursing Diagnosis in Clinical Practice: Guides for Care Planning, Delmar Publishers, Inc., 1992, pp. 47-49, 185-187, 469-472.
9. Kelly, J.A., Murphy, D.A., Bahr, G.R., Brasfield, T.L., Davis, D.R., Hauth, A.C., Morgan, M.G., Stevenson, L.Y., and Eilers, M.K.: AIDS/HIV Risk Behavior Among the Chronic Mentally Ill. *American Journal of Psychiatry* 149:7, 886-889, July, 1992.
10. Blackwell, B., Eilers, K., and Robinson, D., Jr.: "The Consumer's Role in Assessing Quality," in Stricker, G., Troy, W.G. (eds) and Shueman, S.A., Handbook of Quality Management in Behavioral Health, Kluwer Academic/Plenum Publishers, 1999, pp. 375-386.
11. Eilers, K., Lucey, P., Stein, S.: "Prompting Social Capital for the Elderly". *Journal of Nursing Economics*, Volume 25, 5, September/October 2007

M. Kathleen Eilers

DESCRIPTION OF POSITION RESPONSIBILITIES

President

Saint John's Communities, Inc.

Milwaukee, Wisconsin 2003 - 2011

Serves as Chief Executive Officer for this continuing care (retirement) community.

Saint John's, founded in 1868, provides a full continuum of care for seniors at its East side campus and skilled nursing care on Milwaukee's south side. The corporation employs several hundred in a variety of professional and support positions. Saint John's is affiliated with the Episcopal Diocese of Milwaukee and has a reputation as a premier senior living community.

Administrator

Milwaukee County Behavioral Health Division

Milwaukee, Wisconsin 1993 - 2003

Served as chief executive officer for this \$137 million publicly owned and funded community behavioral health center. Operational responsibility for the 409 inpatient beds and a full range of outpatient and community based services for persons with substance abuse and/or mental illness. The Division has over 1000 employees and serves as a training site for all professional mental health disciplines. Provided leadership for a Master Plan for public mental health services that has created a consumer-driven, community-based system of services.

Associate Administrator - Programs

Milwaukee County Mental Health Complex

Milwaukee, Wisconsin 1983 - 1992

Responsible for all clinical programs in 900-bed public mental hospital. Programs include three licensed nursing home units, acute care inpatient units, a child and adolescent treatment center, geropsychiatry program, chemical dependency programs and a network of community outpatient clinics. Responsible for budget preparation and monitoring for all programs in a \$76 million operation. Involved in strategic planning to enhance both quality of services and revenue. Initiated and supervised fund raising activities to supplement public funding.

National Health Care Director

Manpower, Inc.

1982 - 1983

Responsible for providing managerial and professional direction to branches and franchises nationwide, involved in providing supplemental nursing services to hospitals, nursing homes and other health care facilities. Along with branch managers, responsible for the profitability of health care offices.

M. Kathleen Eilers

Description of Position Responsibilities (continued):

Psychiatric Clinical Specialist
Columbia Hospital
Milwaukee, Wisconsin 1980 - 1981

Responsible for assisting nursing staff with inter and intrapersonal/professional stresses. Provided inservice, consultation and group sessions for staff nurses on psychosocial/mental health issues. Provided management consultation to head nurses, nursing administrators and other department heads.

Associate Director of Nursing Service
Grandview Hospital
Dayton, Ohio 1976 - 1978

Responsible for management functions of five 40-bed medical wards and seven specialty units (including operating room, recovery room, intensive care unit, stepdown unit, emergency room, outpatient clinic and mental health unit). Instrumental in upgrading quality of nursing care in a 450-bed private hospital. This included supervision, hiring, motivating and disciplining of employees. Maintained good morale in complex circumstances. Developed new staffing patterns to maximize use of personnel resources. Assisted in teaching management skills to head nurses. Produced standards of performance for all levels of personnel. Collaborated with personnel department in improving evaluative measures and assisted in recruitment of personnel.

Nursing Office Supervisor
University of Cincinnati Medical Center
1974 - 1976

Assumed total overall responsibility for smooth functioning of entire 700-bed hospital. Served as resource person to all nursing staff and other hospital departments. Used conflict management skills to resolve immediate crises. Made decisions about adequacy of staffing for all intensive care, medical-surgical, obstetrics, pediatrics, operating and emergency units.

M. Kathleen Eilers

Description of Position Responsibilities (continued):

Clinical Nursing Supervisor

Psychiatry, University of Cincinnati Medical Center

1971 - 1974

Responsible for planning, scheduling, budgeting and managing nursing care in a teaching hospital with three acute psychiatric wards (44 beds), an NIH clinical research unit (12 beds), a day treatment center (75 patients) and a psychosomatic unit (12 beds). Included supervision, hiring, motivating and disciplining approximately 100 employees. Maintained good staff morale in complex circumstances involving collaboration between clinical, teaching and research administrations. Devised system of open evaluations. Instituted new treatment methods (e.g. daily patient contract groups). Represented nursing with the Department of Psychiatry, College of Medicine and General Hospital Administration. Served on numerous committees including Department of Psychiatry Advisory Council, Mid-Management Planning Committee, and Inpatient Psychiatry Education Committee. Planned and delivered inservice sessions and workshops for psychiatric employees, hospital managers, hospital nursing personnel and city-wide groups.

Head Nurse

Psychosomatic Unit, University of Cincinnati Medical Center

1967 - 1971

Planned care for 16 acute psychiatric patients. Supervised nursing service employees on ward. Served as a liaison person for nursing with the University Department of Psychiatry. Served as therapist for individual patients and groups and as role model for staff. Involved in psychiatric resident and medical student teaching. Became eligible for promotion to supervisor.

Staff Nurse

Private Psychiatric Unit, Good Samaritan Hospital

Cincinnati, Ohio 1966 - 1967

Under direction of head nurse gave direct nursing care to private psychiatric inpatients. Developed clinical skills and organizational ability. Established working relationships with private practice psychiatrists.

M. Kathleen Eilers

Recognition:

AMI of Greater Milwaukee Award
Alliance for the Mentally Ill
1995

Outstanding Leadership Award
Employees Combined Giving Campaign
1998

Distinguished Service Award
Medical College of Milwaukee
June 1998

Outstanding Leadership Award
Executive Council and Milwaukee County
Combined Giving Campaign
2000

Resolution of Commendation
Milwaukee County Board of Supervisors
June 2002

Friend of Friendless Award
Wisconsin Correctional Services
2003

TLS Award
Continued Support of Transitional Living Services, Inc.
May 2003

Good Shepard Award
Behavioral Health Division, Milwaukee County
2004

Woman of Influence Award for Non-profit Leadership,
Milwaukee Business Journal
June 2006

Grand Avenue Club Award
June 2008

Bond Buyer Midwest Deal of the Year
June 2009

ΦΦΦΦΦΦΦΦ

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: May 17, 2013

TO: Supervisor Marina Dimitrijevic, Chairwoman – Milwaukee County Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Kathie Eilers, Interim Administrator, Behavioral Health Division

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to add the Community Recovery Services (CRS) 1915(i) State Plan Home and Community Based Services Medicaid Benefit in Milwaukee County and to expand case management as part of CRS start-up**

Issue

In July 2012, the Milwaukee County Board of Supervisors approved adding Milwaukee County to the state plan amendment (SPA) for the 1937 Medicaid Benchmark Plan for CRS (File Number 12-575). Since that time, the Behavioral Health Division (BHD) has been in close contact with the state regarding the progress of the SPA. BHD is requesting authorization to offer CRS in Milwaukee County under the already approved 1915(i) provision of the Social Security Act.

In addition, BHD received authority from the County Board (File 12-709) to enter into a professional services contract with the Planning Council starting November 1, 2012 through December 31, 2013 for \$1,114,290 to provide specific programs related to the Mental Health Redesign Initiative. The programs included Peer Specialist Pipeline, Step-Down Housing Alternative, Case Management Expansion, Individual Placement and Support (IPS) supported employment, and Supportive Housing Units. BHD is now returning to the Board to request authorization to release \$275,000 of the \$1.1 million in funding for case management expansion to be utilized for CRS start-up costs for care coordination and related services.

Discussion

BHD has brought several reports to the Board over the past few months to inform and foster dialogue about the CRS program. BHD is now returning to the Board to seek authorization to offer this benefit in Milwaukee County. Below is a summary of CRS services, specific information on CRS in Milwaukee County and a fiscal review of the program.

Community Recovery Services Summary

CRS is a Medicaid psychosocial rehabilitation benefit for persons with a severe and persistent mental illness, mood disorder, or other psychotic disorder. It is a voluntary benefit, meaning an individual willingly participates in CRS. The individual also must be at or below 150% of the

federal poverty level (FPL) and at a specific functioning level. CRS reimburses the following three core services:

- Community Living Support Services – assists individuals in transitioning from a supervised living situation such as a Community Based Residential Facility (CBRF) or Adult Family Homes (AFH) to their own home
- Supported Employment Services – assists individuals with managing symptoms and behaviors to acquire and maintain competitive employment (must use the evidence-based Individual Placement and Support (IPS) model)
- Use of Peers as Providers – utilizes recovery-based experiences of certified peer specialists to assist others to move towards recovery

Psychosocial rehabilitation benefits are entitlements and are a carve-out benefit from the beneficiary's Medicaid HMO. These benefits are county administered and require a 60% federal/40% local (public funds such as state revenues or tax levy) cost sharing.

Psychosocial rehabilitation benefits such as CSP, CCS, and CRS are designed to allow an individual to reach his or her maximum recovery potential within their community. In CRS, recovery is an expectation; therefore, CRS state staff in the Division of Mental Health and Substance Abuse Services (DMHSAS) work in partnership with county staff and contracted service providers to ensure that the CRS services identified in the participant's person-centered service plan are actually being delivered. The importance of this aspect of CRS cannot be overstated as it reinforces the value proposition explicitly identified in the county's contracts with its service providers. By requiring that services provided to the participant follow those specified in the plan of care, the prospects for recovery and/or positive outcomes are greatly enhanced.

The ongoing care coordination responsibilities for CRS are as follows:

- Needs-based evaluation and re-evaluation utilizing a person-centered approach
- Face-to-face assessment of an individual's support needs and capabilities
- Development of an individualized plan of care
- Supporting the participant in the plan of care development
- Assisting participants such that they have an informed choice of providers
- Assuming primary responsibility for monitoring and acting upon incident reports
- Supporting the consumer on an ongoing basis in their plan of care

CRS in Milwaukee County

Over the past few months, HHN committee members have heard informational reports from BHD on the risks and benefits of adding another psychosocial rehabilitation benefit to its continuum of care. In the past when 1915(i) was presented to the HHN committee, the concern of offering another Medicaid entitlement program was voiced from a programmatic

and fiscal perspective. CRS has been operational statewide for over two years and no participating counties have reported an expanded Medicaid population due to the implementation of CRS. In addition, the phenomena of clients moving into CRS counties from neighboring counties that do not offer CRS has not occurred.

BHD has been working closely with the state DMHSAS in preparation for the possibility of offering CRS in Milwaukee County. CRS allows for co-participation in other psychosocial rehabilitation benefits and services such as Community Support Program (CSP), Comprehensive Community Services (CCS), and Targeted Case Management (TCM) services. An eligible individual can also self-identify and direct his or her own participation in CRS. An example of this may be an individual that is residing in a community-based residential facility (CBRF) that is not receiving services in CSP or TCM yet but wants to participate in CRS. All clients would select a recovery support coordinator (RSC) for case management services that includes care coordination services and the completion of the Medicaid required service or recovery plan.

BHD has taken preparatory steps necessary to administer CRS. In July 2012, the Community Services Branch (CSB) in partnership with DMHSAS offered person-centered care training to our CSP, TCM, and Recovery Support Coordination (RSC) agencies. Nineteen of those agencies then conducted a quality improvement change project using continuous quality improvement principles to ensure that person-centered care exists within their respective agencies. All agencies that participated in this quality improvement initiative had change teams that included a clinical coordinator, a case manager or front line staff, and an individual currently participating in services. In January 2013, those agencies showcased the outcome of their change projects through storyboards that were on display at BHD with all members of the change team present. CSB again offered the person centered care training in March 2013 to residential treatment providers including CBRF providers.

In July 2012, BHD applied for and received funding from DMHSAS for infrastructure development for the use of peers as providers. This allowed BHD to host an Employer Summit to provide partner agencies information on employing peers. In addition, BHD provided financial assistance to individuals to sit for the peer specialist certification examination and offered preparatory study groups in partnership with Our Space prior to the examination. In January 2013, BHD, in partnership with the Community Linkages Action Team of the Mental Health Redesign Task Force, sponsored a two-day Individual Placement and Support (IPS) supported employment workshop that covered the IPS principles and fidelity. A follow-up IPS implementation meeting was held in April 2013 with four agencies agreeing to begin the steps of offering IPS. David Lynde, MSW, LICSW, a supported employment consultant from Dartmouth University Psychiatric Research Center, provided the training and technical assistance in Milwaukee County.

In January 2013, the Division of Housing announced the Pathways to Permanent Housing Program to assist individuals in transitioning from a CBRF to a less restrictive setting. In order

to ensure a safe and successful transition for individuals as they move from a CBRF to a more independent setting, person-centered decision making serves as the foundation of this transition. This program should be operational within the month. Lastly, CSB submitted to DMHSAS the single coordinated care plan (SCCP) currently used by RSCs to develop an individualized plan of care or recovery plan for individuals participating in services delivered through CSB. DMHSAS approved the use of this plan as the individualized plan of care for CRS.

Finally, adding CRS to the county service array and case management expansion are goals of the Mental Health Redesign and Implementation Task Force. BHD has worked with the Continuum of Care Action Team of the Mental Health Redesign and Implementation Task Force in exploring the risks and benefits of implementing CRS under 1915i.

Fiscal Implications of CRS

Since CRS' inception statewide, there are 16 counties and 17 service delivery areas offering CRS. As counties began to offer CRS, the first service that was offered to eligible individuals was the Community Living Support Services (CLSS) for residents of CBRFs or AFH's. This allowed counties the ability to generate some savings for the cost of residential services and therefore, created the ability for the reinvestment of specific revenues into other CRS services for Medicaid beneficiaries. It is the desire of Milwaukee County to use a similar implementation approach to CRS and ensure that program administration can occur in a budget neutral manner as to reduce the fiscal risk to the county. The table below summarizes the anticipated 2013 revenues and costs for the program:

2013 Projected Revenues and Costs	# of anticipated clients enrolled in 2013	Additional Revenue and Costs
CBRF	66	\$540,740
TCM	30	\$3,485
TOTAL for 2013	96	\$544,225
Additional Start-Up funds being Requested		\$275,000
TOTAL ANTICIPATED REVENUE		\$819,225
Additional Case Management Costs		\$240,000
Additional Staff Costs ¹		\$120,225
Additional Care Coordination and related services costs		\$275,000
Contingency for increased enrollment		\$184,000
TOTAL ANTICIPATED COSTS		\$819,225

¹ BHD is working with HR to identify additional staff resources associated with CRS. BHD will return to the Board, if needed, to create new staff either through a separate action in 2013 or through the 2014 budget process.

Start-up funds for case management services are included in the \$1.1 million Planning Council allocation. Based on the Medicaid requirement that the nonfederal share must be public funds and private agencies may not provide the nonfederal share for CRS services, BHD is requesting that \$275,000 in funds be directed from the Planning Council to BHD. These budgeted funds will be placed in the fee-for-service network so that a client can select a provider agency for case management and related CRS services.

BHD has been working with the Office of the Comptroller to identify potential options to reduce the County's fiscal exposure such as a risk reserve or contingency fund and, as noted above, BHD is including contingency funds in the financial projects to address increased enrollment or other unanticipated costs. Cities of similar size and demographics such as Minneapolis, St. Louis, and Philadelphia have established risk reserves or contingency funds as a strategy to reduce the financial risk associated with the implementation of psychosocial rehabilitation entitlement benefit offered through Medicaid. BHD plans to maintain the tax levy dedicated to the existing funded BHD programs (CBRF, TCM and CSP) at least through the start-up phase so that any federal revenue received for service reimbursement could be used to establish a risk reserve, pending approval by the County Board and County Executive. BHD has also identified potential match revenues for CRS including tax levy used for the client's CBRF residential placement and the requested start-up funds for case management services.

Initial estimates have identified 1,760 BHD clients that meet the eligibility criteria for CRS. This however, does not mean that all 1,760 will choose to participate. In addition, BHD has been working closely with the State to learn from the experience of other counties and is working to identify the number of clients in Milwaukee County that would be eligible for this entitlement benefit. Because CRS is a recovery benefit that offers enhanced services to existing clients, the other counties offering CRS have not experienced large increases in the number of clients enrolled in their programs. BHD realizes that it is the responsibility of the administering county to grow the CRS program guided by the Medicaid Handbook and successful submission of individualized recovery plans that are accepted and approved by the state.

BHD is working closely with the state to ensure that all efforts are made to correctly bill for services rendered and capture as much revenue as possible. As is the case in most programs, there will be a learning curve and adjustments will need to be implemented. BHD has worked hard over the past year to identify, anticipate and mitigate the risks associated with this program. Much of this was accomplished by seeking out and addressing lessons learned by participating counties throughout the state. BHD program and fiscal staff have made site visits to neighboring counties that offer CRS and they have participated in numerous phone calls and discussions at the Wisconsin County Human Services Association Behavioral Health Policy Advisory Committee.

One critical theme that was clearly conveyed through BHD's outreach to other counties was the importance of Medicaid documentation. CSB staff and DHHS Contract Administration staff

participated in a Medicaid documentation workshop sponsored by the state on the responsibility of the counties that offer Medicaid benefits. As the roll out of electronic medical records continues to CSB, Medicaid billing will be brought back in-house and the county will directly bill Medicaid for CRS and other county-specific Medicaid benefits. The Quality Assurance department within CSB is fully staffed and will be actively involved with providers to assure compliance through the auditing of CRS. A Medicaid documentation workshop will be offered to providers on the requirements for Medicaid billing. Other means of mitigating the fiscal exposure of the county may be the addition of staff in BHD that are specifically dedicated to Medicaid billing, managing CRS, and providing administrative coordination functions for the program.

As the program is implemented, BHD will return to the Board with updates.

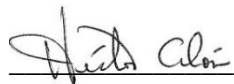
Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, to allow BHD to implement the CRS 1915(i) program in Milwaukee County and offer this Medicaid recovery benefit to individuals that request to participate in CRS. It is also recommended that the Milwaukee County Board of Supervisors authorize the release of \$275,000 from the \$1.1 million in Planning Council funds to be utilized for CRS start-up costs for care coordination and related services.

Fiscal Effect

There is no tax levy effect associated with this initiative. A fiscal note form is attached.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director, DAS
Josh Fudge, Interim Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Matt Fortman, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff

(ITEM *) From the Director, Department of Health and Human Services, Requesting Authorization to Add the Community Recovery Services (CRS) 1915(i) State Plan Home and Community Based Services Medicaid Benefit in Milwaukee County and to Expand Case Management as Part of CRS Start-up

A RESOLUTION

WHEREAS, in July 2012, the Milwaukee County Board of Supervisors approved adding Milwaukee County to the state plan amendment (SPA) for the 1937 Medicaid Benchmark Plan for Community Recovery Services (CRS) (File Number 12-575); and

WHEREAS, CRS is a voluntary Medicaid psychosocial rehabilitation benefit entitlement for persons at or below 150% of the federal poverty level (FPL) with a severe and persistent mental illness, mood disorder, or other psychotic disorder; and

WHEREAS, initial estimates have identified 1,760 BHD clients that meet the eligibility criteria for CRS though not all 1,760 may choose to participate given the voluntary nature of the program; and

WHEREAS, CRS offers the following three core services:

- Community Living Support Services – assists individuals in transitioning from a supervised living situation such as a Community Based Residential Facility (CBRF) or Adult Family Homes (AFH) to their own home
- Supported Employment Services – assists individuals with managing symptoms and behaviors to acquire and maintain competitive employment
- Use of Peers as Providers – utilizes recovery-based experiences of certified peer specialists to assist others to move towards recovery

; and

WHEREAS, BHD has taken the preliminary steps necessary to administer CRS including training and providing technical assistance to partner agencies and applying for and receiving funding for infrastructure development for the use of peers as providers; and

WHEREAS, psychosocial rehabilitation benefits are a carve-out benefit from the beneficiary's Medicaid HMO and as such, are county administered and require a 60% federal/40% local (basic county allocation (BCA) revenue or tax levy) cost sharing; and

45 WHEREAS, BHD is committed to adopting a budget neutral approach with CRS and has
46 been working with the Office of the Comptroller to identify potential options to reduce the
47 County's fiscal exposure such as a risk reserve or contingency fund; and
48

49 WHEREAS, BHD plans to maintain the tax levy dedicated to the existing funded BHD
50 programs (Community Based Residential Facilities (CBRF), Targeted Case Management (TCM),
51 and Community Support Programs (CSP)) at least through the start-up phase so that any
52 revenue generated could be used to establish a risk reserve, pending approval by the County
53 Board and County Executive; and
54

55 WHEREAS, adding CRS to the county service array and case management expansion are
56 goals of the Mental Health Redesign and Implementation Task Force; and
57

58 WHEREAS, start-up funds for case management services are needed for CRS and have
59 been included in the \$1,114,290 allocated to specific programs related to the Mental Health
60 Redesign Initiative; and
61

62 WHEREAS, in November 2012, the County Board authorized the Planning Council to
63 serve as a fiscal agent for these funds (File Number 12-709); however, based on the Medicaid
64 requirement that the nonfederal share must be public funds and private agencies may not
65 provide the nonfederal share for CRS services, BHD is requesting that \$275,000 in funds be
66 directed from the Planning Council to BHD; and
67

68 WHEREAS, these case management funds will be placed in the fee-for-service network
69 so that a client can select a provider agency for case management and related CRS services;
70 now, therefore,
71

72 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby authorizes the
73 Director, DHHS, or his designee, to allow BHD to implement the CRS 1915(i) program in
74 Milwaukee County and offer this Medicaid recovery benefit to individuals who request to
75 participate in CRS; and
76

77 BE IT FURTHER RESOLVED, that the Milwaukee County Board of Supervisors hereby
78 authorizes the Director, DHHS, or his designee, to allow the Planning Council to release
79 \$275,000 to the Behavioral Health Division for case management expansion to ensure that the
80 nonfederal share for case management is public funds.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/24/13

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to add the Community Recovery Services (CRS) 1915(i) State Plan Home and Community Based Services Medicaid Benefit in Milwaukee County and to expand case management as part of CRS start-up

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input checked="" type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	819,225	1,869,019
	Revenue	819,225	1,869,019
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to implement the Community Recovery Services (CRS) 1915(i) State Plan Home and Community Based Services Medicaid Benefit in Milwaukee County. This is an entitlement program for persons at or below 150% of the federal poverty level (FPL) who suffer from a severe and persistent mental illness. In addition, BHD is seeking to expand case management as part of the CRS start-up.

B. BHD estimates that total costs and revenues will be about \$819,225 (including \$275,000 in case management) in 2013. This reflects the enrollment of 96 clients starting July 1, 2013. In 2014, total costs and revenues are anticipated to be \$1,869,019 (including \$275,000 in case management) for 288 clients.

CRS requires a 60% federal/40% local (tax levy or basic county allocation (BCA)) cost sharing. Once the program is successfully billing Medicaid for CRS services, the federal Medicaid revenue is expected to partially offset the county's existing BCA and/or tax levy. BHD is proposing to use this savings to fund a reserve or contingency fund (pending County Board approval) to mitigate any potential financial exposure.

C. The expenditure authority necessary to fund CRS implementation is not included in BHD's 2013 Budget. If CRS revenue is realized in 2013, BHD will submit a fund transfer to adjust its 2013 Budget. The funding for the \$275,000 in case management start up is included in \$1,114,290 under contract with the Planning Council which is serving as fiscal agent. These funds have been allocated to specific programs related to the Mental Health Redesign Initiative and this report seeks to allocate \$275,000 from these funds to the start up.

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

D. The fiscal estimate assumes clients enrolled are already participating in BHD's Community Based Residential Facility (CBRF), Targeted Case Management (TCM) and/or Community Support Programs (CSP). Given that CRS is an entitlement, clients from outside BHD's network could enroll and thereby, increase the estimated CRS costs. However, this has not been the experience of other Wisconsin counties and communities that have implemented CRS. BHD will oversee funds and activities to ensure that vendors adhere to the performance measures, administration requirements, and oversight currently included in all fee-for-service agreements with the Department of Health and Human Services. It is also the intent of BHD to replenish the \$275,000 in case management funds as CRS savings are realized.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No
Did CDPB Staff Review? ☐ Yes ☐ No ☒ Not Required

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: May 16, 2013

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Kathie Eilers, Interim Administrator, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization for the Behavioral Health Division to Increase the Purchase of Service Contracts with various agencies for \$442,500 for Reimbursement of Medicaid Funds for the Provision of Community Mental Health Services Retroactively for the time period of January 1 through December 31, 2013

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Behavioral Health Division (BHD) to increase the purchase of service contracts for Bell Therapy, La Causa, Transitional Living Services (TLS) and Community Advocates related to reimbursement of Medicaid revenues that are paid directly to Milwaukee County. The requested contract additions total \$442,500 and are retroactive for the period from January 1, 2013 through December 31, 2013.

Discussion

Throughout 2012 and 2013 BHD has embarked on an Electronic Medical Record (EMR) initiative. As BHD moves towards full implementation of AVATAR, their new electronic medical record, and as the BHD redesign progresses, BHD is in a position to institute expanded Medicaid billing for contract agencies. AVATAR, through a technology called portal connect, will enable contracted agencies to enter client data into one common medical and billing record. This will allow for coordinated services and also for agency billing of carve out services that the State will only allow the County to bill.

As a pilot project and in preparation for the growth of community services and community service billing, BHD is requesting that funding be added to the Bell Therapy, La Causa, TLS and Community Advocates contracts to reimburse these agencies for Medicaid revenues that are paid directly to Milwaukee County for services provided for Targeted Case Management (TCM) and the Crisis Resource Centers (CRC). Until AVATAR is fully operational, the services will be billed electronically by BHD using CMHC technology (the system that AVATAR is replacing) and, when paid by Forward Health, electronically posted to the client's BHD account. The agency will receive a payment from Milwaukee County, based on these revised purchase of service contracts, equal to the amount of revenue received from Forward Health. This mechanism is necessary in order for BHD to close out open client accounts and indicate that revenue has been received for services.

Based on expected Medicaid revenue for new contracted services, BHD is requesting the following contract additions:

• Transitional Living Services	CRC Services	\$51,000
• Community Advocates	CRC Services	\$73,000
• La Causa	TCM Services	\$145,000
• La Causa	CLASP	\$98,500
• Bell Therapy	TCM services	\$75,000

The contract additions are revenue neutral and the agency payments will be based on T19 remittance received by BHD minus a 5% administrative fee. Vendors have been providing services to clients since the beginning of 2013 but BHD had some timing issues related to getting the system for this billing change in place. Based on that, BHD is requesting that these contracts be retroactive so that vendors can be reimbursed for revenue received for all services provided in 2013. BHD intends to expand this process to all contracted agencies as part of the 2014 budget.

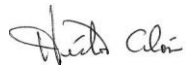
Recommendation

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to increase the purchase of service contracts with the various aforementioned agencies and as detailed on the attached resolution for a total of \$442,500 to provide Medicaid reimbursement for services provided for the retroactive time period from January 1, 2013 through December 31, 2013.

Fiscal Effect

This initiative has no tax levy impact as the contract additions are based on increased revenue received by BHD. A fiscal note form is attached.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director – DAS
Josh Fudge, Interim Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Analyst
Jodi Mapp, Committee Clerk

(ITEM) Report from the Director, Department of Health and Human Services, Requesting Authorization for the Behavioral Health Division to Increase the Purchase of Service Contracts with various agencies for \$442,500 for Reimbursement of Medicaid Funds for the Provision of Community Mental Health Services Retroactively for the time period of January 1 through December 31, 2013, by recommending adoption of the following:

A RESOLUTION

WHEREAS, Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Behavioral Health Division (BHD) to increase the purchase of service contracts for Bell Therapy, La Causa, Transitional Living Services (TLS) and Community Advocates related to reimbursement of Medicaid revenues that are paid directly to Milwaukee County; and

WHEREAS, as a pilot project and in preparation for the growth of community services and community service billing, BHD is requesting that funding be added to the Bell Therapy, La Causa, TLS and Community Advocates contracts to reimburse these agencies for Medicaid revenues that are paid directly to Milwaukee County for services provided for Targeted Case Management (TCM) and the Crisis Resource Centers (CRC); and

WHEREAS, the contract additions are revenue neutral and the agency payments will be based on T19 remittance received by BHD minus a 5% administrative fee; and

WHEREAS, vendors have been providing services to clients since the beginning of 2013 but BHD had some timing issues related to getting the system for this billing change in place; and

WHEREAS, BHD is requesting that these contracts be retroactive so that vendors can be reimbursed for revenue received for all services provided in 2013; and

WHEREAS, BHD intends to expand this process to all contracted agencies as part of the 2014 budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2013 purchase of service contracts with the following provider agencies for the time period of January 1 through December 31, 2013, in the amounts specified below:

Agency	Service	2013 Additional Contract Amount
Transitional Living Services	CRC Services	\$51,000
Community Advocates	CRC Services	\$73,000
La Causa	TCM Services	\$145,000
La Causa	CLASP	\$98,500

46	Bell Therapy	TCM services	\$75,000
47			
48	TOTAL		\$442,500
49			

50 BE IT FURTHER RESOLVED, that the County Board of Supervisors authorize payments to these
51 vendors for services rendered prior to county board approval.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/24/13

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization for the Behavioral Health Division to Increase the Purchase of Service Contracts with various agencies for \$442,500 for Reimbursement of Medicaid Funds for the Provision of Community Mental Health Services Retroactively for the Time Period of January 1 through December 31, 2013

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| X Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| X Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$442,500	0
	Revenue	\$442,500	0
	Net Cost	\$0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Behavioral Health Division (BHD) to add funding to the Bell Therapy, La Causa, Transitional Living Services (TLS) and Community Advocates contracts to reimburse these agencies for Medicaid revenues that are paid directly to Milwaukee County. The requested contract additions total \$442,500 and are retroactive for the time period from January 1, 2013 through December 31, 2013.

B. The contract additions are revenue neutral and the agency payments will be based on T19 remittance received by BHD minus a 5% administrative fee. Based on expected Medicaid revenue for new contracted services, BHD is requesting the following annual contract additions:

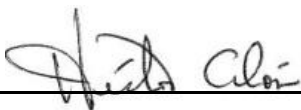
- | | | |
|--------------------------------|--------------|-----------|
| • Transitional Living Services | CRC Services | \$51,000 |
| • Community Advocates | CRC Services | \$73,000 |
| • La Causa | TCM Services | \$145,000 |
| • La Causa | CLASP | \$98,500 |
| • Bell Therapy | TCM services | \$75,000 |

C. There is no tax levy impact associated with this initiative. BHD plans to expand this program in 2014 and that will be reflected in the 2014 contract proposals.

D. The dollar amount is a maximum amount whereas the total payments will be based on the actual received T19 remittance by BHD. No other assumptions are made.

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

Department/Prepared By Chris Walker, Fiscal and Budget Analyst - DHHS

Authorized Signature 

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CDPB Staff Review? ☐ Yes ☐ No ☒ Not Required

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 24, 2013

TO: Peggy Romo West, Chairwoman, Committee on Health and Human Needs

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Kathie Eilers, Interim Administrator, Behavioral Health Division, on behalf of the Mental Health Redesign and Implementation Task Force

SUBJECT: **From the Director, Department of Health and Human Services, submitting an informational report on the current activities of the Mental Health Redesign and Implementation Task Force**

Issue

In April 2011, the County Board of Supervisors passed a resolution (File No. 11-173) supporting efforts to redesign the Milwaukee County mental health system and creating a Mental Health Redesign and Implementation Task Force (Redesign Task Force) to provide the Board with data-driven implementation and planning initiatives based on the recommendations of various public and private entities.

The Chairwoman of the Committee on Health and Human Needs requested monthly informational reporting on the activities of the Redesign Task Force.

Background

The Redesign Task Force first convened in 2011, establishing a charter and delegating Action Teams to prioritize recommendations for system enhancements within the key areas of Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. The co-chairs of the Action Teams presented their initial prioritized recommendations to the Committee on Health and Human Needs in January 2012 and at a public summit in February 2012, where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance. The Redesign Task Force, its Executive Committee, and DHHS and BHD leadership resolved in March 2012 to issue a Request for Proposals for technical assistance in implementing the affirmed recommendations. DHHS entered into a professional services contract in September 2012 with a team of consultants including ZiaPartners, Inc., and three subcontractors.

In December 2012, the DHHS Director and BHD Administrator presented an informational report to the Committee on Health and Human Needs on the progress and activities of the Redesign Task Force, including a framework for planning, tracking, and recording progress on all redesign implementation activities, including those already accomplished or underway. The implementation activities were thereafter framed within SMART Goals – Specific, Measurable, Attainable, Realistic, and Timebound – to promote greater accountability and clearer reporting. In March 2013, the County Board of Supervisors passed a resolution (File No. 13-266) authorizing the DHHS Director to implement the initiatives outlined in the SMART Goals in collaboration with the Redesign Task Force and community stakeholders. With that authorization, the Redesign Task Force, Action Teams, and their staff partners are presently at work on the numerous tactical objectives of the SMART goals, in pursuit of the specific performance targets to be achieved in 2013 and 2014.

Discussion

The Redesign Task Force convened its monthly meeting on May 8 at the Milwaukee County Mental Health Complex. Co-Chairs Pete Carlson (Aurora Behavioral Health) and Sue Gadacz (BHD Community Services) put in place a new process to ensure the efficiency and effectiveness of the monthly meetings, including parameters and deadlines for Action Team (AT) reports and agenda setting. The details of the process are posted at <http://county.milwaukee.gov/MHRedesign/Calendar.htm>.

Addressing Goal 1, the Person-Centered Care AT convened a second meeting of a workgroup to review the tools used to gauge the satisfaction of individuals participating in services at BHD, including MHSIP surveys and interviews by Vital Voices. Task Force members advised that the focus should not be on system-wide uniformity of satisfaction surveys but rather that surveys be conducted effectively and that changes be made in response to substantive feedback. The workgroup will meet again in May to consider common elements or enhancements that may apply to multiple measurement tools to ensure their congruence with the principles of trauma-informed care and person-centered recovery.

On Goal 2, a workgroup of the Person-Centered Care AT will meet on May 28 to develop the curriculum for public education and stigma reduction events in each supervisory district. The curriculum and duration of the events may evolve after the initial events, but presentations will likely include personal stories, facts about mental illness, available resources in the community, and information on the redesign initiatives.

On Goal 3, the Workforce AT will reconvene in June in conjunction with a briefing from the Nursing's Voice project on survey results related to mental health nursing and the attitudes and interests of nursing students.

On Goal 5, the Resource Strategy Team will meet again in late May to focus on the resources, staff time, and technical assistance needed to map the existing funding model used for all mental health services provided by BHD.

On Goal 8, the BHD Access Clinic is on pace through 1Q to achieve the performance target of maintaining a high volume service. The Clinic had 6,536 client encounters in 2012 and is on pace for 6,576 in 2013.

On Goal 9, the Continuum of Care AT reports that performance targets 1 and 2 have been achieved. In April 2013, contracts were awarded to Bell Therapy for Level I Targeted Case Management (TCM) and to Milwaukee Mental Health Associates (MMHA) to pilot Recovery Case Management. Two Level I TCM caseloads were added for Bell Therapy for a total capacity of 50 additional individuals. Recovery Case Management – a new level of care – allows case managers to maintain a caseload of 40 clients who require less intensive services than what is provided in Level I TCM. MMHA will pilot Recovery Case Management for individuals who require case management services as a condition of their residential living arrangement such as Shelter Plus Care, permanent supportive housing, or a supported apartment. MMHA realigned their existing case management caseloads and identified those clients that could benefit from the Recovery Case Management level of care and also made this level of care available to other TCM agencies thus allowing for additional Level 1 capacity. There is now a service continuum within TCM that did not exist before. Level II is the clinic-based model of TCM and is the most intensive level of TCM, followed by Crisis TCM, Level I TCM, and Recovery Case Management. Intensity is defined by service provision and availability and caseload capacity.

On Goal 12, Community Linkages AT Co-Chair Jim Mathy reported that the Housing Division continues to put in place policies and procedures in the Community Development Block Grant (CDBG) program to use economic development funds for small business to expand and, in turn, create new jobs for consumers.

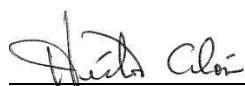
On Goal 13, Pathways to Permanent Housing has received a five-year occupancy permit from the Milwaukee Board of Zoning Appeals with no opposition from the neighborhood or Alderman. Construction is almost complete. The rooms have been completely remodeled, and all new furniture has been delivered. The only remaining rehab to be completed is the kitchen area. Once that is complete, individuals may move in, which is projected to be in May.

The Person-Centered Care Action Team welcomed representatives of the Families Moving Forward coalition, who presented a proposal to the Task Force for a new SMART Goal and associated Action Team that focus specifically on cultural intelligence. The Task Force voted to approve the motion to add the SMART Goal to the existing list of fifteen, pending some clarifying modifications to be made with the assistance of the contracted consultants.

County officials and any other interested parties are encouraged to visit the website that has been designed to house resources and updates related to redesign activities, including a meeting schedule for the Redesign Task Force and Action Teams. The site is <http://county.milwaukee.gov/MHRedesign.htm>. Comments or inquiries about redesign activities may be directed to David Johnson at 414-257-5255 or david.johnson@milwcnty.com).

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablich, Chief of Staff, County Board
Don Tyler, Director, DAS
Josh Fudge, Interim Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Matthew Fortman, Fiscal & Budget Analyst, DAS
Jennifer Collins, County Board Analyst